			United	States Environm		Agency		Work Assignment Number 3-42			
	EF	Δ		Washin	gton, DC 20460		-	3-42			
				Work Assignment				Other	Amendr	ment Number:	
Contract Number Contract Period 09/16/2014 To 0							2019	Title of Work Assignment/SF Site Name			
EP-D-	14-03	2	Bas	Base Option Period Number 3				Hedonic Housing Price Analysis			
Contractor Specify Section and paragraph of Contract SOW											
INDUSTRIAL ECONOMICS, INCORPORATED 1,2											
Purpose: X Work Assignment Work Assignment Close-Out								Period of Performance			
Work Assignment Amendment Incremental Funding											
Work Plan Approval								From 09/16/2017 To 09/15/2018			
Comments:											
THE WORK ASSIGNMENT INCLUDES 125 HOURS FOR PREPARATION OF THE WORKPLAN/COST ESTIMATE AND TO BEGIN THE WORK											
ASSIGNMENT. THE CONTRACTOR SHALL PROPOSE THE HOURS NECESSARY TO COMPLETE ALL TASKS. NO PREVIOUSLY PERFORMED											
WORK SHALL BE DUPLICATED. SEE ATTACHED SOW.											
Superfund Accounting and Appropriations Data								X Non-Superfund			
Note: To report additional accounting and appropriations date use EPA Form 1900-69A.  SFO											
(Max 2)											
	DCN	Budget/FY	Appropriation	Budget Org/Code	Program Element	Object Class	Amount (Do	ollars) (Cents)	Site/Project	Cost	
Line (	Max 6)	(Max 4)	Code (Max 6)	(Max 7)	(Max 9)	(Max 4)	Amount (De	mais) (Cents)	(Max 8)	Org/Code	
1											
2								-			
3											
4										-	
$\vdash$										-	
5				Aut	norized Work Assi	I Ignment Coilir	2			l	
Contract	Period:		Cost/Egg:	Auti	IOIIZEU WOIK ASSI	griment Celli					
Contract Period: Cost/Fee: LOE: 09/16/2014 To 09/15/2019											
This Action:											
<u> </u>											
Total:											
Work Plan / Cost Estimate Approvals											
Contractor WP Dated: Cost/Fee								LOE:			
Cumulati	ve Approve	ed:		Cost/Fee				LOE:			
Work Assignment Manager Name Jenny Thomas								Branch/Mail Code:			
TOTAL SUGAMENT WILLIAM STATE OF THE STATE OF								Phone Number: 202-564-4524			
(Signature) (Date)								FAX Number:			
(Signature) (Date) Project Officer Name Carolyn Blake								Branch/Mail Code:			
								Phone Number: 919-541-5256			
(Cimphup)								FAX Number:			
(Signature) (Date) Other Agency Official Name								Branch/Mail Code:			
One Agency Omodi Name											
(Signature) (Dota)								Phone Number:  FAX Number:			
(Signature) (Date)  Contracting Official Name Natalia Fisher-Jackson								Branch/Mail Code:			
55											
·								Phone Number: 919-541-3564			
		(Signa	ture)		(Date	e)	FAX	FAX Number:			